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I.

TREATMENT OF CALCULI OF THE MALE BLADDER.

WHEN a stone passes from the kidney into the bladder, the diameter of which is less than that of the urethra, it is usually conveyed into that canal by the impulse of the stream of urine, and thus the patient gets rid of it. Sometimes, however, even a very small stone is prevented escaping in this manner, in consequence of an enlargement of the prostate gland, forming a tumor projecting into the bladder, and making a kind of valve behind the orifice of the urethra. Many a person is liable to the descent of calculi from the kidneys for many years, which are always passed with the urine, until he becomes somewhat advanced in life. Then the prostate becomes enlarged, and the calculi, which descend afterwards, are lodged in the bladder.

Under these circumstances, it will be prudent for the patient to void his urine lying on his face, or leaning very much forward, so that what we call the anterior may become the depending part of the bladder. You will observe that the valve made by the projecting tumor of the prostate is almost invariably on the posterior part of the bladder—that is, towards the rectum; and if the patient voids his urine in the posture which I

have mentioned, the stones are less likely to be interrupted by it than if he voids it in the usual manner. This, at least, is good in theory, and I may say that it is good in practice also; for a patient of mine, an elderly gentleman, whom I advised to do what I have just mentioned, very soon became relieved of a small stone which had been for some time in the bladder.

A stone which is of larger diameter than the urethra, of course cannot be voided by the urethra. But you may dilate the urethra; and by doing so I have, in a great many instances, enabled the patient to pass a stone which had been for some weeks, or even for some months, in the bladder, and which he certainly could not have voided otherwise. The case here admits of little delay. Every day adds to the bulk of the stone, and diminishes the chance of success. Introduce a bougie, or a metallic sound, of such a size as the urethra will admit without inflammation being induced. Every day, or every other day, according to circumstances, introduce one a little larger; and thus you may dilate the urethra gradually, until it is a good deal larger than its natural size. The degree of irritation of which the urethra is capable, varies in different cases; but it is generally considerable. When this process has been carried as far as it can,

let the patient drink plentifully of diluting drinks. It may be worth while even to give some of the compound spirit of juniper, or other diuretic, at the same time; and the calculus will probably, some time or another, be carried, by the current of urine, into the dilated urethra. You may add to the chance of the expulsion of the calculus by adopting the following method:—Once daily introduce a large bougie into the urethra and bladder, and there let it remain. Then let the patient drink plentifully of barley-water, or toast and water, or weak tea; so that the bladder may become loaded with urine. When the patient can bear the distention of the bladder no longer, let him place a vessel on a chair, standing, and leaning forward over it. Then let him withdraw the bougie; the urine will follow it in a full stream, and the calculus may probably accompany it. I learned this mode of treatment from a patient who contrived it for himself, and who in this manner became relieved of three considerable calculi, for which an intelligent and experienced surgeon, in a provincial town, had recommended him to undergo the operation of lithotomy.

If a small stone cannot be made to pass in the way that I have mentioned, you will probably succeed in extracting it from the bladder by means of the urethra forceps. Indeed I may say that you will never fail in doing so, unless the stone is beyond a certain magnitude, or there is something in the condition of the bladder to prevent it retaining a moderate quantity of urine; or unless there is a large tumor of the prostate projecting into the bladder, behind which the calculi may lodge, out of the reach of the instrument.

I cannot but regard the invention of this method of extracting small calculi from the bladder, as one of the greatest achievements of modern surgery. The credit of it belongs to a gentleman who has contributed largely, in a great number of other ways, to the benefit of mankind, and the improvement of our interesting and important art. I need not tell you that I mean Sir Astley Cooper. But even he would not have been able to succeed in the plan which he had conceived, if he had not been aided by the mechanical talents of Mr. Weiss, who, when the object in view was explained to him, with his customary zeal and readiness contrived the forceps which I now show you. I need not give you a particular description of their construction, as you may examine them for yourselves. But you will observe, that they admit of being opened and closed in the bladder, without distending or otherwise irritating the canal of the urethra. When you employ these forceps, the bladder should always contain a moderate quantity (that is, from six to eight ounces) of urine. If the patient, however, has lately made water, you may inject some tepid water into the bladder through a catheter, which, of course, will answer the same purpose. It is generally prudent to ascertain first where the stone lies in the bladder, by examining it with an iron sound. Then introduce the forceps in their closed state, previously warmed and oiled, directing them towards the stone; and when you feel them resting lightly on it, open the blades cautiously, and endeavor to seize it. If you succeed, and the stone is of a small size, you easily extract it. The forceps do not close on the stone with much force, or make

much pressure on it ; but they are themselves compressed and squeezed by the neck of the bladder, and afterwards by the urethra ; and thus the stone is firmly grasped, and prevented dropping out of the instrument. In this manner Sir Astley Cooper has succeeded, in a great number of instances, in removing small stones from the bladder, which otherwise would have increased in size and made the patients the subjects of a serious operation. If I remember rightly, he extracted as many as eighty stones, of various sizes, from the first or second patient to whom he applied this mode of treatment. I have also employed this method with success in many instances. My first patient was a gentleman who had a sac containing a number of small calculi in the prostate gland. These I extracted with great facility—sometimes three or four in the same day. When this sac was emptied, I found that there were also a number of stones in the bladder, and these I extracted, one after another, in the same manner—three or four score in all. This gentleman lived in the country ; and what I have now mentioned was accomplished when he visited London, in two successive years. But the case was a complicated one, and I shall have occasion to refer to it again when I call your attention to prostatic calculi. All that I need say of it further at present, is, that a year after the last calculus was extracted by the forceps, the patient died of extensive disease of the bladder and kidneys.

But these forceps are capable of seizing a calculus of very considerable dimensions ; and not only capable of seizing, but of extracting it, by a slight modification of the operation. The neck of the blad-

der admits easily of a great degree of dilation. It is not so with the urethra. An elderly gentleman consulted me with symptoms of stone in the bladder ; but the symptoms were not severe, and I was led to believe that the stone was probably small enough to be extracted by means of Weiss's forceps. The first time that I introduced them into the bladder I seized the stone. I drew it readily through the neck of the bladder ; but I found, from the expanded state of the forceps, that it was much larger than any of those which I had previously extracted in this manner. When I had drawn the stone some way into the urethra, it was evidently impossible to draw it further without lacerating the membrane of the canal. But I could feel the stone distinctly in the perineum. Nothing appeared more simple than the removal of it by means of an incision made behind the scrotum. Holding the handle of the forceps with one hand, and in such manner as to cause the stone to project in the perineum, with a scalpel in the other hand I divided the skin and other soft parts over it. The stone was easily disengaged from the blades of the forceps, and taken out through the wound. Some months afterwards the patient came to me again, and I found another considerable stone in the bladder, which I removed in the same manner. You see, in this preparation, the two calculi which I have just mentioned. The largest of them is seven-eighths of an inch in one diameter, and six-eighths in another ; and the other is only a very little smaller ; the difference between the two being scarcely perceptible to the eye.

The wound in the perineum, in each of these cases, healed very

readily. But in another case I did what, with the experience which I now have, I shall be inclined, if possible, to avoid in future. I extracted the stone which I now show you from the bladder with the urethra forceps, and drew it with some difficulty into the urethra, as far forward as that part of it which is immediately before the scrotum. In this situation I made an incision on it, and having disengaged it from the forceps, took it out through the wound. This was accomplished easily enough; but there was a good deal of trouble in healing the wound, in consequence of the urine dribbling into the cellular membrane of the scrotum, and producing a succession of troublesome abscesses.

I cannot doubt that this method of extracting calculi with the urethra forceps admits of much farther improvement; and the modifications of the operation, which I am about to describe, may probably be applied with much advantage to many cases.

I have already explained to you, that if you introduce a gum catheter, and draw off the contents of the bladder, where there is a small calculus, it very frequently happens, as the last portion of the urine flows, that the calculus is thrown down, as it were, on the end of the instrument. Then, it occurred to me, that if a catheter could be made to open like a pair of forceps, the calculus would very probably fall into it; that if it did not do so at one time, it would do so at another time, and that thus it might be extracted without searching and irritating the bladder—with little or no pain to the patient, and little or no trouble to the surgeon. With these impressions on my mind, I contrived the instrument which I

now show you. It is a pair of forceps with two blades, the opposite surfaces of which are made rough, like a rasp or coarse file. They open by withdrawing a tube, which encloses them, on the principle of one kind of bullet forceps, or of the French lithontriptic instrument. But the forceps are themselves a hollow tube, so that whenever the blades are separated, they answer the purpose of a catheter; allowing the urine to flow out of the bladder. Since this instrument was constructed, I have had only one opportunity of employing it, and that very lately. A gentleman consulted me with slight irritation of the bladder. I examined the bladder with an iron sound, and detected in it a very small calculus. I then dilated the urethra to its utmost extent. This was easily accomplished, but the calculus did not come away. I introduced Weiss's original urethra forceps, but the stone eluded my search. I therefore introduced my new forceps, the bladder being full of urine; and the blades being expanded, of course the urine flowed. When the bladder was empty, I endeavored to close the forceps, but found that I could not do it. In fact, the stone was seized, and it was easily removed. It was of the size of a small pea; and the patient suffered not the smallest inconvenience from the operation.—*Lond. Med. Gaz.*

II.

CASE OF INFLAMMATION OF THE VENA CAVA, ILIAC, AND FEMORAL VEINS. BY JOHN CRAMP- TON, M.D.

A BOY, aged 14 years, was admitted into Stevens's Hospital, April 1st, 1831, laboring under consi-

derable enlargement of the whole abdomen, which was very tense and sore to the touch, with sense of fluctuation. The limbs were very much swollen, apparently to their utmost extent—tender on pressure—and exhibiting large blue veins very conspicuously, both on the limbs and abdomen. The breathing was anxious and disturbed, pulse frequent and hard, occasionally irregular, countenance bloated, with a purple tinge. He could scarcely lie down, and he complained also of distressing palpitation of the heart. His bowels were confined, though he had taken aperient medicines. The urine was scanty and high-colored. The disease commenced a fortnight before his reception into hospital, with intense inward pain in the epigastric region. Venesection had been attempted, but failed—leeches were then applied, but no relief obtained. The breathing became more embarrassed, and the dropsical symptoms increased. Stethoscopic examination showed the lungs to be sound; but the action of the heart was occasionally strong, tumultuous, and irregular—then again quiet. 2d April, the day after admission, he was bled—and took calomel, jalap, and cream of tartar, internally. 5th April. Leeches to the chest, and next day to different parts of the abdomen—small doses of elaterium—castor oil and oil of turpentine. 8th. Leechings repeated, and the other parts of treatment continued; but no relief was yet obtained. On the 10th, the right leg and thigh assumed the appearance of phlegmasia dolens, being swollen enormously and very painful on pressure. On the 12th, the limb became erysipelatous, with severe pain in the groin, to which leeches were applied, with fomen-

tations, &c., but the limb proceeded to a gangrenous state, and the boy died on the 17th April. We shall give the dissection in the words of Mr. Bond, who examined the body.

“Skin jaundiced; superficial veins on the anterior part of the chest, dilated and varicose; lower extremities swollen, particularly the right, which was gangrenous in the anterior and upper part of the thigh, and the inferior part of the leg, in its whole circumference. An incision gave exit to a yellow serum, which, with adipose tissue, occupied the thickness of two inches between the skin and muscles.

“On opening the abdomen, the cavity contained a pint of citron-colored fluid, the membranous viscera were pale and free from disease, the stomach contracted and empty, spleen and kidneys natural. The liver was slightly enlarged, its structure of a marbled appearance. The lobulus Spigelii was considerably larger than natural, softened, and of a light yellow color.

“The femoral and iliac veins, as also the cava for three inches and a half above its bifurcation, were contracted, thickened, and partially imbedded in a granular fatty substance, their calibre clogged up by masses of ash-colored lymph, and in some points wider than the rest, by half-coagulated blood; an adventitious membrane of a rich carmine color lined the inner coat of the vessel, and from which it could be dissected, leaving this coat sound, but this with the external coat, from which it was easily separated, was white and thickened like an artery. This membrane was in some places disorganized, as if it suffered from gangrene.

“A large oval tumor, two and a half inches in length, and one and

a half in diameter, filled the vein from its entrance into the auricle, to within an inch of the point where the vein was closed; it was connected by slight adhesions to the lining membrane of the vein, solid, composed of fibrine, disposed in cells, enclosed in a delicate capsule of light yellow color, with slight traces of vascularity through it; a scrofulous tumor the size of a walnut was connected with the former, and made some pressure on the cava.

"The venæ hepaticæ were also blocked up with fibrine. The lungs were healthy; the pleura contained a quantity of fluid similar to that in the abdomen; the pericardium contained about six ounces of fluid; the heart was small, but free from organic disease: the head was not examined."

Dr. C. informs us, that "intense pain in the epigastrium was the first symptom" in this case—and he surmises that the vena cava itself was probably the part first affected with inflammation—and obstructed by the usual deposits of fibrinous concretion—and, finally, that this secretion or perturbed action of the vein extended downwards to the iliacs, on arrival at which, "the usual symptoms of phlegmasia dolens" ensued. Now we would ask Dr. Crampton, or any other practitioner of experience, whether he believes this to be the usual state of things in the last-mentioned disease, not one case out of a hundred of which ever proves fatal?

We cannot imagine, indeed, how any one who has seen the phlegmasia dolens of parturient women, can confound it with this serious, generally mortal, phlebitis.

"That general hydropic effusion should be the consequence of such a degree of obstruction, or that tu-

multuous and disturbed action of the heart should attend inflammation of the vena cava, is not surprising. Such sympathetic occurrences are easily explained in those cases where the gradual advancement of the early symptoms of the disease, and the order in which they proceed, can be ascertained. A superficial examination might induce a practitioner to consider the heart as the organ primarily concerned, but here the value of the stethoscope was evinced. The action of the heart was not of that character which denotes change of structure in that important organ; no doubt disorder in its function was quite obvious; while the perfect state of integrity of the lungs, although the respiration was embarrassed, intimated that the thoracic organs were not those which were primarily instrumental in the production of the dropsical affection, however they might in the end have conspired towards it by their sympathetic state of disturbance. That a scrofulous diathesis assisted as a predisposition, and as aiding the action of the occasional causes, I believe there can be little doubt. In the series of morbid changes, in this instance, some might suppose the external tumors to have been consecutive to the internal irritation of the coats of the veins, instead of having existed as antecedents, but this is a matter of but little consequence."

Dr. C. thinks it possible that many of those refractory cases of dropsy, which refuse to yield to treatment, may be connected with venous inflammation and its consequences, "as in the ordinary occurrence so often met with in phlegmasia dolens." In opposition to Dr. Crampton, we maintain that the swelling in phlegmasia dolens

is not dropsical. It is elastic, and the dent made by the finger rises rapidly again to the common level—so very different is it from dropsy or oedema. It is astonishing that so obvious a distinction should have escaped such a man as Dr. Cramp-ton! We do not doubt that, in his *post-mortem* examinations of what he terms *PHLEG. DOLENS*, he found the “veins inflamed, and the vessels often plugged up with fibrine and purulent effusion”—because we verily believe that he never examined a case of the disease in question—unless the patient died of some other complaint. We have never seen death result from this disease, nor have we met with any of our brethren who has seen it terminate fatally. That phlebitis is a much more common disease than was imagined some years ago, we readily grant—and as it is very generally fatal, we separate it from *phlegmasia dolens*. —*Medico-Chirurg. Review*.

III.

ON WOUNDS OF THE THROAT. BY
BARON LARREY.

CASE I.—*Complete Division of the External Carotid—Recovery.*

M. ARRIGHI (now Duke of Padua, and then aide-de-camp to General Berthier) received a musket-ball in his neck, at the siege of Acre, by which the external carotid artery was cut across, near to the place where it is given off from the internal, and as it enters the parotid gland. The gush of blood from both apertures of the wound attracted the attention of the artillerymen, and one of them instantly pushed a finger into each opening, and thus arrested the flow of blood. Baron Larrey was immediately call-

ed, amidst a shower of shot and shells. He applied pressure, and maintained it carefully for some days, by which means, and without any ligature, life was preserved, and all hemorrhage prevented.

CASE II.—*Partial Division of the External Carotid—Recovery.*

After the battle of Waterloo, the Baron had an opportunity of seeing a young English soldier who had had the left external carotid artery *partially* opened. The hemorrhage was alarming; but the English surgeon cut down on the aperture, and tied the artery both below and above the wound. The patient entirely recovered.

CASE III.—*Wound of the External Carotid and Thyroid Arteries—Recovery.*

Henry Gabon, of the Swiss Guard, was brought into the Hôpital de la Garde, on the 21st of November, 1828, immediately after receiving a sabre-wound, while fighting a duel, in the upper part and right side of the neck. When the Baron arrived, the man was nearly dead from hemorrhage and suffocation. The wound was laid bare, while an assistant made pressure on the line of the artery, and then the Baron enlarged the orifice, and discovered that the superior thyroid artery was wounded, as also the external carotid itself. A cellular pouch had formed behind the thyroid gland (which was goitrous), filled with clotted blood, and which was pressing on the trachea. The removal of these clots was followed by a jet of arterial blood. The Baron was unable to seize the vessels from which the blood issued, and therefore laid bare the trunk of the common carotid, and passed a ligature round

it. He was not a little surprised to find this artery no larger than the radial artery at the wrist. The great source of hemorrhage was thus cut off; but some vessel still continued to supply blood at the upper part of the wound. This vessel was fortunately seized by the forceps and secured. The wound was then cleaned and dressed. The breathing continued difficult, and the lips deadly pale. For two or three days, it was doubtful whether the man would rally; but eventually he recovered.

CASE IV.—Wound of Pharynx—Recovery.

A grenadier of the army of Egypt was wounded by a bayonet, the broken point of which remained, for six weeks, deep in the left side of the pharynx, behind the arch of the palate. The man had entirely lost his voice. The Baron, with great difficulty, seized the foreign body and extracted it. The voice was instantly restored. The iron had pressed on the laryngeal branch of the par vagum.

CASE V.—Wound of Larynx—Tracheotomy—Death.

A subaltern officer of the Guards was brought into the hospital on the 7th of June, 1824, presenting a wound in the neck, on the right of the larynx, so small as to be scarcely perceptible. There was great ecchymosis and tumefaction of the whole anterior region of the neck, with deep-seated pain in the chest. Voice and speech were gone—the respiration exceedingly difficult, as well as deglutition. He informed Baron Larrey, by writing, that this wound was made by a small sword. Venesection was repeatedly employed, together with cupping and leechings, which gave

some relief. On the sixth day, however, he was menaced with suffocation, and his face was blue and bloated. The Baron found him apparently in the agonies of death. In this crisis, he determined on tracheotomy. He made an incision through the integuments of some length, and then perforated the space between the thyroid and cricoid cartilages. An immense explosion of air was the immediate consequence, together with the expulsion of several clots of blood. Respiration succeeded, and considerable relief was the result. A paroxysm of suffocation, however, soon after occurred, owing to the obstruction of the orifice in the air-passage, and a tube was quickly inserted. Relief was again obtained; but thirst was intolerable, and the unhappy patient was unable to swallow. In this dilemma, a tube was, with great difficulty, passed into the stomach, and fluids introduced into that organ. The thirst was moderated; but he could not bear the presence of the hollow bougie, and tore it out himself. He lingered in dreadful agony till four o'clock the next morning, when he expired.

On dissection, an abscess was found in front of the three superior cervical vertebræ (which were denuded), the size of a hen's egg, and which had pressed so much the parietes of the pharynx against the cricoid cartilage and upper part of the trachea, that respiration could not be carried on through the aperture that was made by the knife. A purulent infiltration had also penetrated down into the chest through the cellular membrane.

The Baron, in his remarks on this case, does not allude to the possibility of life being saved if the opening had been made lower down

in the trachea, instead of the place which he pitched on for the operation. In all cases where tracheotomy is deemed necessary, the lower down the operation is performed, the more difficult it is—but the greater is the chance of success, for the obvious reason that we are thus the more likely to get below the obstruction.

CASE VI.—Wound of the Root of the Tongue, with loss of part of the Epiglottis.

General Murat (afterwards King of Naples) received at the battle of Aboukir a musket-shot, which traversed the neck, from side to side, wounded the root of the tongue, and carried away a portion of the epiglottis. Baron Larrey was on the spot, and rendered immediate assistance. The first phenomenon which he observed, was the discharge of the injured portion of the epiglottis, followed by a considerable expectoration of frothy blood. The General was harassed for some days with painful cough, loss of voice, &c. The Baron cleared the orifices of the wound both at its entrance and exit, and then introduced an elastic tube into the œsophagus, for the purpose of introducing liquid nourishment and drink into the stomach. This was necessary, as there was no proper valve to prevent the ingress of substances into the trachea. In the course of eighteen days, however, the parts had so accommodated themselves to the loss of a portion of the epiglottis, that his illustrious patient was able to swallow with little or no inconvenience.

CASE VII.—Loss of the whole of the Epiglottis.

In this case, which was that of a soldier in Egypt who was wound-

ed by a musket-ball on the 21st of March, 1801, the whole of the epiglottis was carried away. The poor fellow was devoured by thirst, but could not drink, and harassed with incessant cough. In this dreadful state he continued four days, without any relief. When Baron Larrey saw him, he was in the most piteous and dangerous condition. The Baron was enabled to pass a gum-elastic tube down the œsophagus, and through this to introduce liquids into the stomach. By a long and assiduous perseverance in this measure, the life of the soldier was saved, and nature supplied the place of the epiglottis by a contrivance of her own.

Two other cases, nearly similar, are related by the Baron, but the foregoing are, we think, sufficient for the elucidation of the present subject.*

IV.

COLCHICUM IN RHEUMATISM.

THE following letter from Mr. Tweedie, of Guy's Hospital, London, to the Medical Gazette of that city, gives the result of some trials of powdered colchicum root, in doses of 4 grs. every 4 hours—6 grs. every 6 hours, &c. &c., each dose combined with 20 or 30 grs. of Epsom salts, and a little magnesia. As the practice has been long common in this country, it is pleasant to find its success confirmed by an English physician of so much note as Dr. Addison.

Though colchicum, says Mr. Tweedie, has long maintained a very respectable rank in the list of

* From Clinique Chirurgicale.

our remedial agents for the cure of rheumatism, yet from time to time there have been some who have doubted its efficacy; and even when used with the happiest effects, the result has not been so speedy as to satisfy the sanguine expectations of many of its supporters. Much of this discrepancy of opinion is doubtless ascribable to the notorious fact, that the fluid preparations of the drug are compounded in many different ways by various practitioners—a circumstance of itself sufficient to produce great uncertainty of effect, and in many cases complete disappointment.

Another great cause of failure and uncertainty may perhaps consist in this, that the remedial principle of the drug is probably not entirely taken up by the menstrua in either of our pharmacopœial preparations; so that when the vinum, or the acetum colchici, disappoints our expectations, we are scarcely justified in condemning the drug as useless, whose specific principle has, under such circumstances, never been administered at all, or very partially. To obviate these objections, it becomes necessary to administer the remedy *in substance*; and it is to show the benefit of this plan of exhibition that I have ventured to trouble you with these remarks.

The form of application most commonly, I believe, adopted, and which has for some time past been practised by Dr. Bright in this hospital, is the vinum colchici, combined with so much magnesia and Epsom salt as might suffice to procure several stools daily. Now this, though hitherto the most successful practice, was yet found to fail so frequently—to seem, in fact, so often inert, that Dr. Addison, our then clinical physician, was

happy to avail himself of the evidence of Dr. Jackson, of Boston, in the United States, who was attending our clinical wards as a pupil, and who stated that in the hospital at Boston it was customary to administer the colchicum (for the cure of rheumatism) in substance, to the extent of 3ss. in twenty-four hours, combined with a little magnesia and salts, with such uniform good effect, that he had never had the opportunity of seeing any other plan of treatment called for or adopted, nor was depletion ever premised. Dr. Addison accordingly determined to give the remedy a fair trial, and the following cases, briefly related, will show with what effect.

[Four cases are here related, in all which it was successful, and the letter concludes with the following remarks.]

The sum and substance of what has been already said respecting the treatment of rheumatism, has, I believe, pretty well established the fact that colchicum is its best remedy; and I think the above cases (only a portion of those similarly treated by Dr. Addison in our clinical ward) afford proofs of the powers of the drug, such as are seldom witnessed from the exhibition of any of its artificial preparations. When administered as above described, in doses proportioned to the age and strength of the patient, it for the most part exercises an influence on the system at once marked, decided, and beneficial. After four or five doses have been taken, this influence begins to show itself: the pulse, which was before hard and frequent, diminishes in number very remarkably; it becomes at the same time softer and more expanded, and there is a hesitation in its beat truly character-

istic. The pulse, in fact, resembles much that of oppression of the brain in its slowness and hesitation, but none of its hardness. With this there is a sense of vertigo and dizziness, especially when the patient attempts to sit up. The pupils are sometimes dilated; there is occasionally, but not always, nausea; and the patient complains of uneasy griping sensations in the abdomen, which are chiefly referred to the hypogastric region, and always aggravated during the act of either of the evacuations. The stools are for the most part characteristic; they are of a peculiar loose, yellow nature, such as are seldom, I believe, seen under other circumstances.

In proportion as these symptoms indicate the influence of the colchicum on the system, the rheumatic pain becomes diminished, the swelling and inflammation subside, and in a very brief space of time indeed (as evidenced by the above-related cases), the disease is at an end. The remedy being now discontinued, all its symptoms gradually decline, leaving the patient quite convalescent, and with a good appetite. But this remedy is by no means infallible.

When administered so as to make the impression on the system above detailed, and when the number of stools procured by its combination with the magnesia and salts does not exceed three or four daily, a rapid improvement takes place; but there are individuals who cannot be placed under this favorable influence. The exceptions to which I allude consist of those cases where the mucous membrane of the bowels is so irritable, that sufficient doses of colchicum cannot be administered without inducing excessive purging; and it has been found in our

clinical ward, that when such purging takes place, the system manifests none of the symptoms above mentioned, as indicative of the influence of the medicine. In such cases, it would appear that it expended its whole powers on the bowels, and became removed from the body by the action of purging, before it had time to affect the general nervous and vascular systems in the peculiar manner on which seems to depend its favorable operation. These exceptions, however, constitute only a minority; and I know of no rule by which they may *à priori* be known. Dr. Addison gave the colchicum in nearly every case of acute rheumatism indiscriminately; if purging supervened, he found no difficulty in arresting it by means of Dover's powder, &c., and in continuing the treatment accordingly by other remedies.

In very chronic, and in mercurial and syphilitic rheumatism, the colchicum as here recommended has not been successful, hypercatharsis being in some instances induced, and in others the remedy failing, even when symptoms have clearly indicated its impression on the system; but in the more acute cases we have had the opportunity of treating, except where the bowels have been too irritable to bear the remedy, we have not had a single instance of failure.

V.

PEDICULI.

For the Boston Med. and Surg. Journal.

THE nature of the attacks of these disgusting animals is sufficiently understood. There is, however, one situation in which their presence is seldom suspected, but in

which the writer has found them, and where they cause symptoms which, if misunderstood or injudiciously treated, may prove very serious. This situation is the hairy part of the eyelid. While in attendance on the father of an Irish family in this city, I was requested to examine the eye of a child about three years of age, and apparently in perfect health. The child had been in the habit of rubbing its eyes very frequently; and this circumstance had attracted considerable attention. On examining, I could at first discover nothing besides the ordinary appearance of the part; but having remarked some animalcules on other parts of the person, I was led to re-examine the eyelash more closely, and actually found a number of these vermin quietly deposited at their usual station, the roots of the hair. I immediately applied a mercurial preparation, and in the course of a few days, the lice having dropped off, the irritation entirely disappeared.

MEDICUS.

MEDICAL JOURNAL.

BOSTON, JULY 19, 1831.

CHOLERA.

NEXT to the all-engrossing topics of political convulsion and revolutionary struggle, there seems to be nothing in the accounts from Europe more interesting to humanity, than the ravages of this fearful pestilence; and although at this distance we may feel no livelier emotion in regard to it than that of curiosity, we may well desire to know something of a malady, which, commencing at a point nearly the farthest possible removed from ourselves, has already traversed

nearly one half of this mighty interval, and seems destined to be arrested in its progress only by the ocean which divides us from Europe. The commencement of that cholera which is now ravaging the immense districts of the Russian empire, may be referred to the year 1817, when it showed itself in Iessore, a city contained within the delta formed by the Ganges, and less than an hundred miles from Calcutta. From this point it spread through the government of Bengal, then along the Coromandel Coast to Cape Cormorin, and finally into the interior of the peninsula of Hindostan. In 1818, it reached Bombay; and from that period to the present, has never ceased to be present in one or more of the provinces of British India. In 1820, it had reached the Humaleh mountains on the north, and in its progress east, had visited many islands in the Indian Ocean. In 1822, it ravaged Cochin China, and extended itself from island to island as far as the Moluccas on the south, and the Philippines on the north. In its westerly course, it appeared to take two routes; the one leading through the Arabian Sea and up the Persian Gulf, the other across the immense territory of Persia itself. In its former course, it passed through the city of Bassora, and in 1823 was found in Syria on the shore of the Mediterranean. With a still more rapid course, it passed north, ravaged the cities of Teheran and Tauris in Persia, gained the Persian Gulf, and in September of the year just named, had appeared in Astrachan in Asiatic Russia. Here its progress in this di-

rection appears to have been arrested. In the following November, it yielded to the approach of winter; and thus encouraged the belief that however it might again show itself in that direction during the short period of summer, the first appearance of frost would quickly put it to flight. This calculation was destined to prove illusory. The disease has since returned with increased force, to the same district from which it had apparently been banished; and it is now found that not even the rigor of a Siberian climate can check its fatal progress. It is still more remarkable, that in its recent course it has constantly been gaining a higher latitude; and the district of Orenburg, which was the scene of its ravages the last year, is comprised between 50 and 55 deg. north. By the latest accounts, it had appeared in Galicia in Poland, where it will add the misery of pestilence to that of war. The precautions which have been taken to guard against its approach, in certain districts and towns, by acts of quarantine and non-intercourse, have proved unavailing. In fact, it appears very unlikely that contagion in a proper sense is the principal means by which it has been disseminated. On this point, however, the same sort of controversy seems to have arisen as in regard to the Gibraltar epidemic; one party maintaining its contagious character, and another with equal pertinacity denying it. The conclusion arrived at on the whole, seems to be nearly that to which the careful observations of Humboldt led him in regard to the yellow fever;

namely, that it was incapable of becoming epidemic by contagion, but that, when epidemic, it might be propagated from one individual to another through the medium of contact. The degree of severity of the disease has been variable, but in the severest cases, the powers have been entirely prostrate from the first, and death has occurred within a few hours. The proportion of fatal cases is stated at two thirds, but does not seem to have been very accurately ascertained. Indeed, until within a few months, the statements in regard to the disease which have come before the public have been vague and unsatisfactory; nor is it until the attention of the Russian government has been directed to the subject, that any considerable information as to its peculiar characteristics appears to have been elicited. Two documents, indeed, emanating from other sources, are mentioned with respect, and therefore deserve our notice. One is an official report presented to the British authorities in India by a Mr. Jameson, Secretary to the Medical Board of the province, in 1820; in which the question as to the origin of the disease is said to be very fully discussed. The other is a paper read to the French Academy, in 1825, by M. Moreau de Jonnés, an outline of which appeared in the journals of the day. The former of these documents has not found its way to this country, and the latter is still unpublished. The munificent prize which is offered by the Emperor Nicholas for the most successful treatise on this subject, will undoubtedly lead to its full investigation.

In the mean time, we observe that an official report of the most important details regarding the disease as it appeared in the province of Orenburg from the autumn of 1829 to that of 1830, has been presented to the Russian government. This memoir, which was published in Russian, was not very accessible in its original form. A condensed view of the most important facts contained in it, was published in German by Professor Lichtenstein, of St. Petersburg. The following translation of this paper we obtain from an English journal, the *Foreign Quarterly* for April last; though not entirely satisfactory on all points, it certainly contains more interesting and valuable information than any document on the subject with which we are acquainted.

The disease first showed itself in Orenburg the 26th August, 1829, and in the village of Massina, February 6, 1830. The number of sufferers amounted to 3590, of whom 2725 recovered, 865 perished. Considering the apprehensions excited as to the results, the treatment adopted must be esteemed very effectual. From the combination of individual observations and experience, the medical board has arrived at the following conclusions: which, with reference to the strongly-disputed point of the contagiousness of the distemper, as well as a general insight into its nature, and the remedies applied, will be found of the highest importance.

1. That the disease prevailing at Orenburg within the specified period, was actually the cholera.

2. The important question, whether the disease originated in Orenburg itself, or was introduced from its boundaries on the Kirghis side, in spite of the most rigid investiga-

tion on the part of the local medical board, is yet undecided.

3. The other question, however, which does not yield to it in importance, viz., whether the disease be contagious, is now more satisfactorily settled than the first. From the first observations on it, independent of the description of the staff-physician of Sokolou (all of which appear at length in the work), we might be induced to think that the cholera did not communicate itself to the patient by immediate contact. However, in the progress of the malady, the local boards, as well as the physicians, have been fully convinced that the cholera does in fact disseminate itself from one man to another, and by this means travels from place to place.

4. From all observations collected, we must come to the conclusion that the contagiousness of the cholera, though in some instances incontestible, is nevertheless not so apparent as that of the plague and yellow fever. The infectious power is not so visible in its operation on all who come in contact with those afflicted with it. This is most conspicuous in the primary stage of the disease.

5. All this tends to confirm the decision of the medical board, that the cholera, in common with many other epidemical disorders, becomes in process of time contagious, and may then extend itself by communication.

6. The police and quarantine regulations adopted in the Orenburg government, were doubtless of great benefit; nevertheless, it occurred, as related by the staff-physician, that the inhabitants, after the enforcement of a fourteen days' quarantine, were visited by this disease. Allowing that this happened without any recent intercourse with persons and places affected, we must concede that the term of fourteen days was scarcely adequate for the full development of the latent malady in the subject. It has resulted from ob-

servation that the contagiousness really exists.

7. Confiding in these remarks, and not in any theories that may have obtained on the subject, we must allow that the progress of the disease at Orenburg was of the most rapid nature. In the course of twelve to eighteen hours from its commencement, the disease has been known to terminate fatally.

8. The cholera, partaking of the character of the plague, can recur and affect the same persons again.

9. Change of weather and climate has apparently no influence on the progress of the cholera. The cold, in contradiction to early observations, has not the least power over it. It was in December and January that it attained its utmost malignity, and extended itself in some places at a temperature of 27 to 30 deg. Reaumur.*

10. The faculty of Orenburg adopted no other police or precautionary measures against the cholera than those prescribed in the directions of the medical board. They consist in an entire separation of the patient from the sound members of the community, and in a faithful application of all external influences which may benefit him.

11. The protecting power of camphor has, it appears, on this occasion proved ineffectual. In none of the observations collected, is it mentioned.

12. In the treatment of the cholera, the necessity of the immediate application of medical means has been abundantly established. The lapse of a few hours, without recourse to the assistance of art, will render the disease very dangerous—often incurable. The *médicine expectative* cannot be made available here. The strongest medicines must be applied without the least tampering or intermission.

* We apprehend this must be an error. It was probably intended to be *minus* 27 and 30.—Ed.

13. From amongst the multitude of remedies we may select the chief, viz., bleeding, calomel, opium, warm covering, and friction.

14. Oil of cajeput, volatile alkali, and muriatic acid, fail of their expected operation here.

15. The mortality of this epidemic was not so extensive as it is described to be in its ravages in the south of Asia. A census of the mortality was taken by the Orenburg government, where the people were in the habit of concealing the disease in its incipient state, and where little attention is paid to cleanliness and salubrity of dwellings; and if we compare the details in the lists of the dead, we shall find some districts which have suffered more severely than others.

PREVAILING ERUPTION.

Troublesome Bedfellows.—We were shown yesterday, a bevy of (Hessian) flies, taken alive from a straw-bed. Many people suppose that they have been bitten by this kind of fly, which has caused the very troublesome humors so prevalent at this time. Several other persons have opened their beds and found myriads of this fly. The straw is of our last year's growth. In the town of Lexington we learn that every straw-bed in the place was recently burnt, being found to contain the above fly. But we do believe, however, that the humor which so disfigures the faces of men has some other origin, yet unknown to physicians, and for which scarcely a single cure has been found. Though this scourge is so extensive we have seen no mention of it in the papers.

The above is from the Gloucester Telegraph, and refers to the eruption which has been so prevalent of late in this city and vicinity, and, in fact, through the whole country north of the Potomac. We can assure the Editor of that paper that the picture he has drawn is far too

gloomy. We apprehend that his idea has arisen in consequence of the fact that eruptions are generally submitted to popular remedies and the prescriptions of elderly women, instead of the skill of the faculty. Where people have placed themselves under the care of their regular physicians, we have known—a few to be sure—but very few cases in which the disease has not been speedily and thoroughly cured.

Absorption of the Iris.—A boy received a blow upon the eye, from a piece of metal, which was followed by considerable pain and inflammation, and laceration of the iris. For a time the pupil was cordiform, being pointed at its lower part. Slowly and without any pain, the whole of the iris was absorbed, and the eye became amaurotic. I have several times noticed a similar occurrence, namely, laceration of the iris, from local injury, followed by its partial, and in one instance its total, absorption; and in every case the organ so

injured has, eventually, become amaurotic.—MR. MIDDLEMORE.

Cider in the Morning.—We understand that several persons in this city were, a short time since, severely affected with colic, in consequence of drinking cider in the morning which had rested through the night in the leaden pipe and pump of Mr. Philpot. In passing through Danvers a year or two ago, we stopped at a public house, and, with our *companion de voyage*, regaled ourself with a tumbler of soda water from a similar fountain. The landlord had probably not made a fortune that day by the sale of this wholesome beverage, and the severe vomiting it produced in both of us was doubtless owing to the water having remained too long in contact with the leaden pipe.

Whole number of deaths in Boston the week ending July 8th, 23. Males, 10—Females, 13.

Of consumption, 3—scrofula, 1—spasms, 1—inflammation on brain, 1—infantile, 1—scarlet fever, 2—throat distemper, 1—suicide, 1—brain fever, 1—tumor, 1—unknown, 1—dropsy, 1—drowned, 1—intemperance, 2—dropsy on brain, 1—bleeding at lungs, 1, &c.

ADVERTISEMENT.

MEDICAL SCHOOL IN BOSTON.

THE MEDICAL LECTURES OF HARVARD UNIVERSITY delivered in Boston will be commenced in the Autumn, at the usual period, viz., on the *third Wednesday in October*. They will be continued four months.

This extension in the term of the Lectures has been thought necessary to afford time for such a course of instruction and demonstration, as is deemed by the Faculty to be requisite, under the advantages which have recently accrued to the School.

The Legislature of Massachusetts, with an enlightened liberality, which does honor to our age and country, have extended the protection of law to the cultivation of Anatomy within this Commonwealth. The advantages which will hence result to students resorting to this school will be sufficiently obvious. It will be the aim of the Professors to carry into effect the intentions of the Legislature, in such a manner as to evince at the same time their respect for the rights of humanity, and their interest in the promotion of the healing art.

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The Courses of Lectures will be,

On Anatomy and Surgery, by Dr. WARREN.

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On Materia Medica, by Dr. BIGELOW.

On Obstetrics and Medical Jurisprudence, by Dr. CHANNING.

On Theory and Practice of Physic and on Clinical Medicine, by Dr. JACKSON.

WALTER CHANNING, Dean of the Faculty of Medicine.

Boston, June 15, 1831.

July 19. * 6c.

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